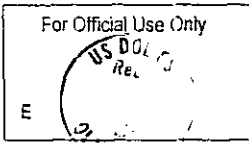


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12031</u>	2. Fiscal Year Covered From: <u>7 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>RAUL</u> <u>VERFRADE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>900 EAST MOUNTAIN</u> City <u>LAS CRUCES</u> State <u>NEW MEXICO</u> ZIP Code + 4 <u>88001</u>	4. Name, file number, and address of labor organization. Name <u>LUNA LOCAL UNION No. 16</u> Labor Organization File Number <u>000345</u> P.O. Box, Building and Room Number, if any _____ Street <u>1030 San PEDRO DE NE</u> City <u>ARIZONA</u> State <u>NEW MEXICO</u> ZIP Code + 4 <u>87110</u>
5. Position in labor organization. <u>FIELD AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions :

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Q111C

On 8-9-05
Date

(505) 644-0172
Telephone Number

Name of Person Filing

RAUL VEZARDE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name OHIO VALLEY & SOUTHERN STATES
LABORERS-EMPLOYERS COOPERATION EDUCATION TRUST

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 25 CENTURY BLVD STE 305City NASHVILLEState TENNESSEE ZIP Code + 4 37214

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SAME AS ABOVE

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11/11/04 SOUTHWEST LABORERS DISTRICT
COUNCIL MONTHLY MEETING

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

11/11/04 MEAL \$45.9512.b. Amount. \$45.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment. _____

AUG/08/2005/MON 10:27 AM

P. 001

Aug. 8. 2005 11:59AM

No. 4586 P. 2



OHIO VALLEY and SOUTHERN STATES
LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST

August 4, 2005

ROBERT W. HANNA, III
Director

Dear Brother or Sister

GLENN FARNER
Administrator

Enclosed you will find the information OVSS LECET will be furnishing the Department of Labor on the required LM-10 form. Please consider this information when completing your required LM-30

If you have any question please feel free to me.

Sincerely,

Terra McPadin
Marketing and Research Analyst

Post-It® Fax Note	7671	Date	8/8	# of pages	2
To	Lile	From	OVSS		
Co./Dept.	Rand	Co.	Terra		
Phone #		Phone #			
Fax #	Phase 2 to	Fax #	Rand	ASAP	

25 Century Blvd.
Suite 305
Nashville, TN 37214
Phone: (615) 885-7828
Fax: (615) 885-7835
E-mail: info@ovsslecet.org

				11/7 Yr04	\$	45.95	med	Reception
Patient's Name	Burns, James	Business Address	Organization	Date	Amount	Type of Payment (gift, borrowed, loan)	Circumstances	
Hail Vehicle								